



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
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2008 Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$36.29	\$19.46	10/1/2008
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER,	\$89.01	\$44.29	10/1/2008
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT	\$5.73	\$5.73	10/1/2008
95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH	\$17.69	\$17.69	10/1/2008
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$19.10	\$19.10	10/1/2008
95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS,	\$12.36	\$12.36	10/1/2008
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$6.87	\$6.87	10/1/2008
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC	\$5.34	\$5.34	10/1/2008
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE	\$10.71	\$10.71	10/1/2008
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$7.26	\$7.26	10/1/2008
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$8.00	\$8.00	10/1/2008
95056	PHOTO TESTS	\$27.54	\$27.54	10/1/2008
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$21.38	\$21.38	10/1/2008
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$17.57	\$17.57	10/1/2008
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$60.02	\$60.02	10/1/2008
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$75.32	\$75.32	10/1/2008
95075	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS,	\$62.73	\$46.29	10/1/2008
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$12.59	\$12.59	10/1/2008
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	\$15.65	\$15.65	10/1/2008
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$18.52	\$18.52	5/1/2004
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$37.03	\$37.03	5/1/2004
95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	BR	BR	10/1/1982
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$12.96	\$12.96	5/1/2004
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$15.34	\$15.34	5/1/2004
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$17.72	\$17.72	5/1/2004
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$23.54	\$23.54	5/1/2004



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95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$11.14	\$3.10	10/1/2008
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$15.34	\$3.10	10/1/2007
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$23.73	\$3.10	10/1/2008
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$22.99	\$3.10	10/1/2008
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$32.17	\$3.10	10/1/2008
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$42.49	\$3.10	10/1/2008
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$11.14	\$3.10	10/1/2008
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$8.83	\$3.10	10/1/2008
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE	\$141.66	\$103.41	10/1/2008
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	BR	BR	10/1/1982
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI	\$545.25	\$545.25	10/1/2008
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR	\$210.82	\$210.82	10/1/2008
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR	\$537.68	\$537.68	10/1/2008
95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP,	\$665.45	\$665.45	10/1/2008
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,	\$816.45	\$816.45	10/1/2008
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,	\$897.38	\$897.38	10/1/2008
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	\$233.61	\$233.61	10/1/2008
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$287.67	\$287.67	10/1/2008
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	\$214.90	\$214.90	10/1/2008
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	\$217.57	\$217.57	10/1/2008
95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	\$237.77	\$237.77	10/1/2008
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	\$60.30	\$60.30	4/1/2006
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING	\$316.58	\$316.58	10/1/2008
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$1,299.72	\$1,299.72	10/1/2008



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95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC	\$182.61	\$84.70	10/1/2008
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HA	\$26.64	\$14.40	10/1/2008
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT	\$24.32	\$15.14	10/1/2008
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$37.46	\$23.69	10/1/2008
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$44.09	\$30.68	10/1/2008
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY	\$17.73	\$8.16	10/1/2008
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR	\$13.85	\$5.81	10/1/2008
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	\$41.74	\$26.44	10/1/2008
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	\$85.25	\$85.25	10/1/2008
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$116.63	\$116.63	10/1/2008
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$139.85	\$139.85	10/1/2008
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$168.18	\$168.18	10/1/2008
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$112.47	\$112.47	10/1/2008
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$86.23	\$86.23	10/1/2008
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	\$69.83	\$69.83	10/1/2008
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	\$96.11	\$96.11	10/1/2008
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)	\$41.19	\$41.19	10/1/2008
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB	\$40.41	\$40.41	10/1/2008
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE	\$159.12	\$159.12	10/1/2008
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S	\$40.80	\$40.80	10/1/2008
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST	\$40.05	\$40.05	10/1/2008
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)	\$97.92	\$97.92	10/1/2008
95900	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR,	\$57.67	\$57.67	10/1/2008
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH	\$64.69	\$64.69	10/1/2008



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95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	\$50.33	\$50.33	10/1/2008
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN ADDITION TO	\$157.55	\$157.55	10/1/2008
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$69.16	\$69.16	10/1/2008
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION	\$81.44	\$81.44	10/1/2008
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE	\$115.41	\$115.41	10/1/2008
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$102.82	\$102.82	10/1/2008
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$101.29	\$101.29	10/1/2008
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$104.74	\$104.74	10/1/2008
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER	\$188.18	\$188.18	10/1/2008
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER	\$198.15	\$198.15	10/1/2008
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR	\$106.98	\$106.98	10/1/2008
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$65.00	\$65.00	10/1/2008
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	\$43.58	\$43.58	10/1/2008
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN	\$40.56	\$40.56	10/1/2008
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH	\$55.12	\$55.12	10/1/2008
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS ELECTR	\$240.36	\$240.36	10/1/2008
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$1,003.15	\$1,003.15	4/1/2006
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE	\$420.38	\$420.38	10/1/2008
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING	\$256.17	\$256.17	10/1/2008
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	\$140.13	\$140.13	10/1/2008
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$734.61	\$734.61	10/1/2008
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE	\$237.34	\$237.34	10/1/2008
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$353.89	\$353.89	10/1/2008



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95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	\$231.61	\$231.61	10/1/2008
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	\$219.06	\$219.06	10/1/2008
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN	BR	BR	1/1/2002
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	1/1/2002
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	1/1/2002
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$50.06	\$21.77	10/1/2008
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$53.74	\$37.31	10/1/2008
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$102.08	\$74.54	10/1/2008
95973	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$55.39	\$45.07	10/1/2008
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$169.51	\$149.23	10/1/2008
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$94.23	\$86.19	10/1/2008
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$200.11	\$171.79	10/1/2008
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$90.03	\$81.60	10/1/2008
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$61.87	\$61.87	10/1/2008
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,	\$88.15	\$35.39	10/1/2008
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	BR	BR	10/1/1982
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$84.78	\$84.78	10/1/2008
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D	\$101.13	\$101.13	10/1/2008
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$19.81	\$19.81	10/1/2008
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$17.50	\$17.50	10/1/2008
96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER BASED MOTION	\$108.00	\$108.00	10/1/2008
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING	BR	BR	1/1/2007
97001	PHYSICAL THERAPY EVALUATION	\$70.18	\$70.18	10/1/2008



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97002	PHYSICAL THERAPY RE-EVALUATION	\$37.58	\$37.58	10/1/2008
97003	OCCUPATIONAL THERAPY EVALUATION	\$75.16	\$75.16	10/1/2008
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$44.84	\$44.84	10/1/2008
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$14.36	\$14.36	10/1/2008
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	\$13.53	\$13.53	10/1/2008
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$14.67	\$14.67	10/1/2008
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$7.30	\$7.30	10/1/2008
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$16.59	\$16.59	10/1/2008
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$5.02	\$5.02	10/1/2008
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$4.63	\$4.63	10/1/2008
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$6.16	\$6.16	10/1/2008
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$15.89	\$15.89	10/1/2008
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$23.15	\$23.15	10/1/2008
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$13.93	\$13.93	10/1/2008
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$11.26	\$11.26	10/1/2008
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$24.71	\$24.71	10/1/2008
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$11.72	\$11.72	5/1/2005
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES	\$27.50	\$27.50	10/1/2008
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$28.68	\$28.68	10/1/2008
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$33.27	\$33.27	10/1/2008
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$24.05	\$24.05	10/1/2008
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$22.09	\$22.09	10/1/2008
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	\$15.83	\$15.83	5/1/2005
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC	\$25.62	\$25.62	10/1/2007
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$17.42	\$17.42	10/1/2008



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97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER	\$29.07	\$29.07	10/1/2008
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING,	\$23.69	\$23.69	10/1/2008
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$25.22	\$25.22	10/1/2008
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	\$29.46	\$29.46	10/1/2008
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY	\$26.40	\$26.40	10/1/2008
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	\$26.75	\$26.75	10/1/2008
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	BR	1/1/1993
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	BR	BR	1/1/1993
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$55.51	\$36.76	10/1/2008
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$68.69	\$47.66	10/1/2008
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	BR	BR	1/1/2001
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPI	\$33.70	\$26.05	10/1/2008
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPI	\$36.44	\$28.79	10/1/2008
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL	\$28.68	\$28.68	10/1/2008
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR	\$33.03	\$33.03	10/1/2008
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$31.34	\$31.34	10/1/2008
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$27.89	\$27.89	10/1/2008
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$31.54	\$31.54	10/1/2008
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	BR	BR	10/1/1982
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$27.54	\$27.15	10/1/2008
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	\$24.40	\$24.01	10/1/2008
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$13.97	\$13.57	10/1/2008
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE	\$12.60	\$12.60	5/1/2004
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER	\$18.89	\$18.89	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE	\$37.03	\$37.03	5/1/2004
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE H	\$14.38	\$14.38	5/1/2004
99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, O	BR	BR	1/1/2006
99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITIO	BR	BR	1/1/2006
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SC	\$40.20	\$40.20	5/1/2004
99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTH	BR	BR	1/1/2006
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSP TRAU	\$132.20	\$85.52	10/1/2008
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$2.67	\$2.67	10/1/2008
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED	\$36.95	\$36.95	10/1/2008
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	\$198.38	\$111.57	10/1/2008
99185	HYPOTHERMIA; REGIONAL	\$45.47	\$45.47	10/1/2008
99186	HYPOTHERMIA; TOTAL BODY	\$81.91	\$81.91	10/1/2008
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$104.51	\$104.51	5/1/2004
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$63.26	\$63.26	5/1/2004
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$47.13	\$47.13	5/1/2004
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$58.10	\$58.10	10/1/2008
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	BR	BR	10/1/1982
G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH	\$191.99	\$191.99	10/1/2008
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$24.40	\$24.01	10/1/2008
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$13.97	\$13.57	10/1/2008
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR	BR	BR	1/1/2003
G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN	BR	BR	1/1/2003
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	BR	BR	1/1/2001
S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$80.00	\$80.00	1/1/2005
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	BR	BR	1/1/2000
S9975	TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM	BR	BR	1/1/2003